

INTERNSHIP LEARNING CONTRACT

Coastal Carolina University

Student Information

Student Name _____ Student ID # _____
Address _____
Telephone _____ Email _____
Major _____ Grade Level _____ Expected Graduation Date _____

Student Learning Goals (List specific & measurable learning goals you expect to achieve in this internship)

#1 _____
#2 _____
#3 _____

Employer Information

Company Name _____
Address _____
Employer Contact _____ Title _____
Telephone _____ Fax _____ Email _____

Position Job Title _____ Work Location _____
Work Term _____ Fall _____ Spring _____ Summer _____ Winter _____ Maymester _____
Work Hours _____ (10-20 hrs/wk) _____ (30-40 hrs/wk) _____ (Other) _____
Compensation _____ Unpaid _____ Paid _____ Amount _____ (Other) _____
Starting Date _____ Ending Date _____
Site Supervisor _____
Supervisor Phone _____ Email _____

Job Description (attach additional pages if needed)

SIGNATURES: This Internship Learning Contract establishes an agreement between the student intern, employer supervisor, and Coastal Carolina University (CCU) internship faculty/staff for the duration of time indicated. The student intern agrees to fulfill the duties and responsibilities as outlined by the employer, and the academic requirements for completing the internship course. The employer agrees to provide the intern with training, supervision, and evaluation necessary for relevant experiential learning. CCU faculty/staff will provide academic supervision, internship oversight, and materials needed to evaluate student performance for course grading.

STUDENT INTERN _____ DATE _____

EMPLOYER SUPERVISOR _____ DATE _____

Course # _____ Semester _____ Credit # _____ Total Hours Required _____

FACULTY COORDINATOR _____ DATE _____

* Please send copy of completed form to Robert Bulsza, Director of Internships at rbulsza@coastal.edu